



TEMAGAMI FIRST NATION

BEAR ISLAND,
LAKE TEMAGAMI, ONTARIO P0H 1C0
TEL 1.888.737.9884 | 705-237-8943
FAX 705.237.8959

EDUCATION INCENTIVE APPLICATION

Personal Information:

Name:			Band Number
Mailing Address:	City/Town	Prov.	Date of Birth:
Email:			Telephone:

School Information

Name of School:			Telephone:
Mailing Address:	City/Town	Prov.	Postal Code

I am applying for: (Please check one) **1) Attendance Award** **2) Achievement Award**

Grade going into in September: _____

Students own words/writing: Explain Why you should receive an award: (Add extra sheet if necessary)

**I certify that all the information provided in this application is true and correct.
If under the age of 18 a parent/guardian's signature is also required.**

Signature of Applicant

Signature of Parent/Guardian

(Please print name)

Date

Application Checklist:

- Completed and signed application form
- Transcriptions / 4-page report card for entire school year